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| <b>Case Number:</b>   | CM14-0112370 |                              |            |
| <b>Date Assigned:</b> | 08/01/2014   | <b>Date of Injury:</b>       | 12/09/2011 |
| <b>Decision Date:</b> | 02/25/2015   | <b>UR Denial Date:</b>       | 07/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 07/18/2014 |

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabn, Neuromuscular Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 63 year old male who suffered a work related injury on 12/09/2011. He fell in a construction site bathroom. The injured worker has had a right partial meniscectomy on 5/24/2012 and a right total knee arthroplasty on 4/20/2014. He has been treated with medication, physical therapy, and a knee brace for swelling. A 6/24/14 physician progress note indicates that the patient is to continue PT. He was to take oxycodone and omeprazole. The physician progress note dated 7/1/2014 documents knee pain is 6-7 with medications, and 8-9 without medications. The injured worker has full extension, flexion to 85 with endpoint pain. There is moderate edema and no crepitus. The injured worker has a moderate antalgic gait favoring the right. He uses a cane on the right, mostly for re-assurance and balance. The request is for Omeprazole 20mg, #30. Utilization Review dated 07/08/2014 non-certifies the request for Omeprazole 20mg, #30 citing California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, and Official Disability Guidelines-Proton Pump Inhibitors. There was lack of compliance with the medical guidelines. This injured worker is not at intermediate risk of a gastrointestinal event.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Omeprazole 20 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Omeprazole 20 mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor. Therefore, the retrospective request for Omeprazole 20 mg # 30 is not medically necessary.